

**INSTRUCTIONS FOR
POST APPROVAL DOCUMENTS
(OSH-FD-125)**

Office Use Only. Do not write in shaded area to the right of Section A.

- A Enter name as it appears on the facility license. Enter street address, city, county and zip code (five or nine digit zip code as applicable).

Title of project - enter a brief (45 Keystrokes or less) descriptive statement of the work to be performed.

Enter the Department of Health Services Facility identification number (if available from the same line of the Application for Plan Review).

Applicant job number - if the facility or architect has a numbering system for projects, enter that project number.

- B Check appropriate box and enter sequential number. The term "Instruction Bulletin" is generally used for any submission which is not a change order or an addendum. This OSHPD form may cover a single pre-change order document or several pre-change order documents, thus unifying them together until approved. "Deferred Items", refers to any items listed as deferred on the cover sheet of the approved drawings, including fire sprinkler and fire alarm submittals.

- C Scope of change - List or describe the changes to the approved contract documents.

Reason for change - List or describe the reasons the items above are requested.

List of enclosures - List the enclosures or attachments which change the contract documents. Such enclosures must include architect's title block, facility name, and drawings of changes.

- D If this is a change order, complete Section D and sign by owner and contractor; otherwise leave blank.

- E The architect or engineer in charge and any other design professional involved in the change should enter the address, city, state, zip code and sign the document in the appropriate signature block.

- F Leave blank. When returned by OSHPD, staff action taken will be indicated.